Achieving Better Care by Monitoring All Prescriptions (ABC-MAP)

Act 191 of 2014

Board Meeting

May 20, 2015

pennsylvania
DEPARTMENT OF HEALTH

ABC-MAP Board Meeting

Agenda:

-Old Business
    Review/approval of April 8 Board meeting minutes
    ABC-MAP content on DOH webpage

-New Business
    Presentation - PA's PDMP: Recommendations for Best Practices
    Questions and Discussion

-Introduction of ABC-MAP Project Manager Joseph Minnick, MS, PMP

-Update - ABC-MAP Staffing

-Advisory Board Formation

Adjournment

Pennsylvania's ABC-MAP Program

Recommendations on Best Practices

ABC-MAP Governance Board Meeting

May 20, 2015

Brandon C. Maughan, MD, MHS

Marcus A. Bachhuber, MD

University of Pennsylvania

Philadelphia VA Medical Center

Penn Medicine

Presenters

◆ **Marcus Bachhuber, MD, MSHP** received his medical degree from the University of Pennsylvania School of Medicine followed by residency in internal medicine at Montefiore Medical Center/Albert Einstein College of Medicine in the Bronx, New York. He is currently a primary care physician and Robert Wood Johnson Foundation Clinical Scholar at the Philadelphia Veterans Affairs Medical Center and the University of Pennsylvania in Philadelphia. His research focuses on the organization and delivery of substance abuse treatment services, and the effects of health policy on drug use, particularly prescription drug abuse.

◆ **Brandon Maughan, MD, MHS, MSHP** is a Robert Wood Johnson Foundation Clinical Scholar and practicing emergency physician at the University of Pennsylvania and the Philadelphia Veterans Affairs Medical Center. Dr. Maughan attended medical school at Case Western Reserve University in Cleveland, Ohio, followed by residency and chief residency in emergency medicine at Brown University and Rhode Island Hospital in Providence, Rhode Island. His research interests focus on policy interventions to reduce the misuse, abuse, and diversion of opioid analgesics prescribed for acute painful conditions. Dr. Maughan also holds a master's degree in health policy from the Johns Hopkins Bloomberg School of Public Health and previously worked on Medicaid program evaluation at the Lewin Group, a health policy and human services consulting firm in Washington, DC.

Presenters

For more than three decades, the **Robert Wood Johnson Foundation Clinical Scholars program** has fostered the development of physicians who are leading the transformation of health care in this country through positions in academic medicine, public health, and other leadership roles. Through the program, future leaders learn to conduct innovative research and work with communities, organizations, practitioners and policy makers on issues important to the health and well-being of all Americans.

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Disclosures

- **No financial conflicts of interest**

- **Research funding sources**
  - Robert Wood Johnson Foundation
  - US Department of Veterans Affairs
  - Leonard Davis Institute of Health Economics

- **The opinions expressed herein at those of the speakers and do not necessarily reflect the views of their employers or affiliated funding agencies.**

Objectives

- ◆ **Briefly review a recent history of prescription drug abuse and the growth of PDMPs**

- ◆ **Describe best practices in establishing a PDMP**

- ◆ **Discuss recommendations for ABC-MAP**

A Brief History of Prescription Drug Abuse

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National Vital Statistics System, 2012
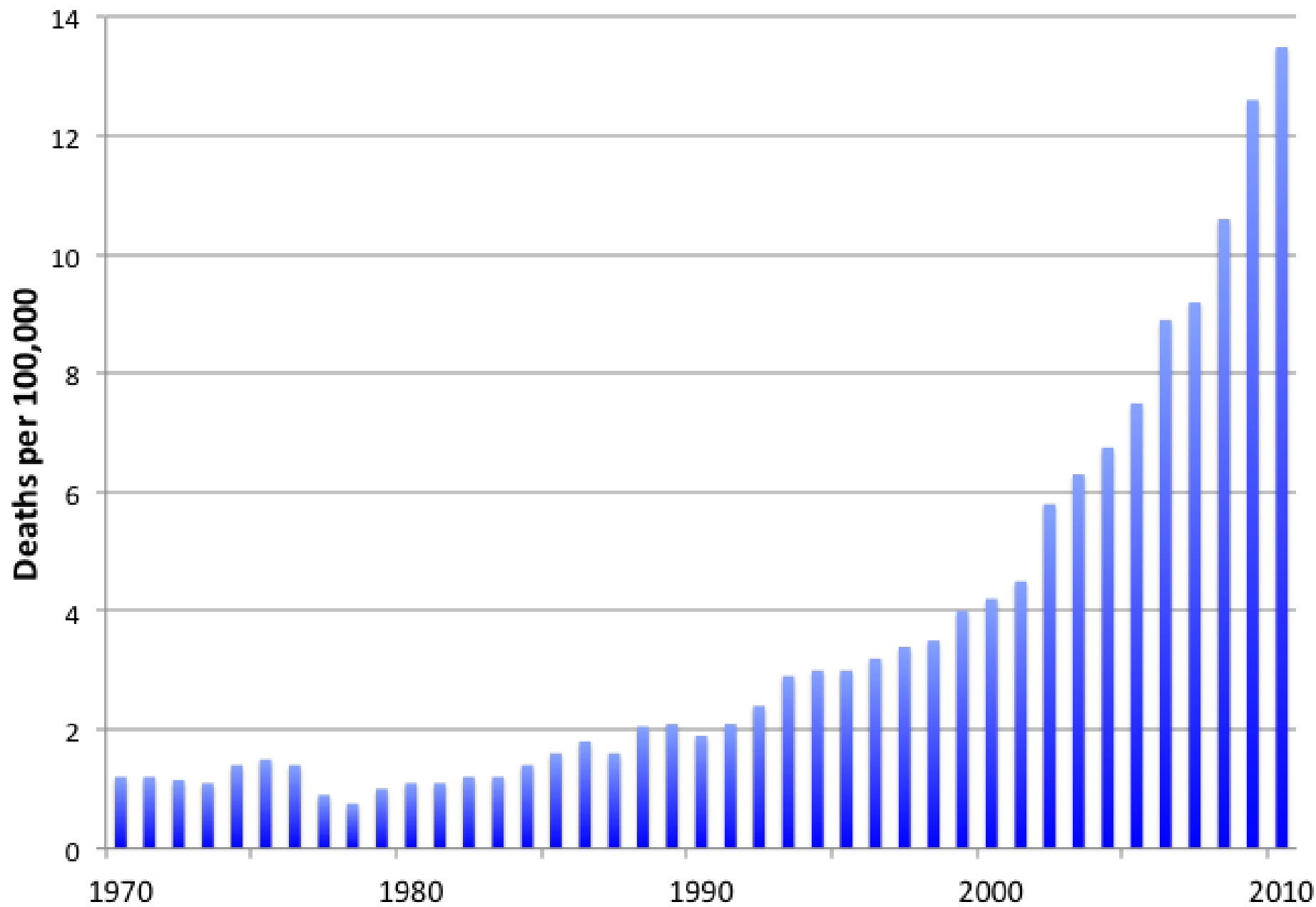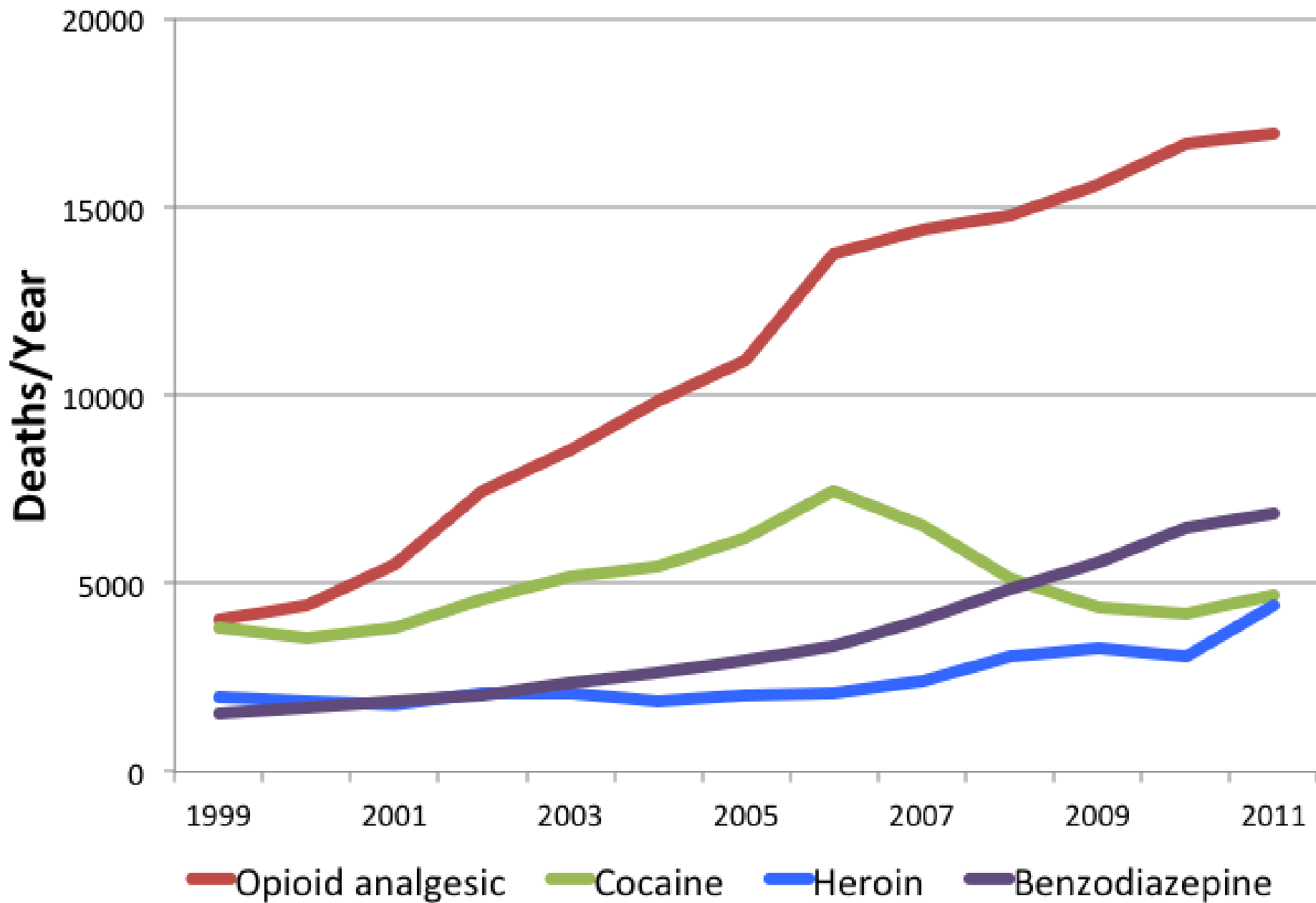
Pamela's fight lives on: Aston mother recounts her daughter's fatal battle with heroin addiction

'THE DEMON SHE COULDN'T ESCAPE'

Aston mother details daughter's losing fight with drug addiction

In 2010, Pamela Stouch died of a heroin overdose, two years after starting to use Percocet (oxycodone) painkillers provided by her friends.

She was 19.

Starting strong

- Best practices in Act 191

Starting Strong

ABC-MAP already meets several best (or near-best) practices:

- Collects all Schedules (II-V) of controlled substances
- Mandates a short data collection interval (<72 hours)
  - 10 states current report in <24 hours
  - 13 states currently report in >1 week
- Allows designees (e.g., residents, nurses) to request data
- Requires nonresident pharmacies to report data
- Embraces interstate data sharing

Best Practice Recommendations

- Actively promote program utilization
- Invest in software/electronic infrastructure
- Maximize public health benefits

Best Practice Recommendations

- **Actively promote program utilization**
- Invest in software/electronic infrastructure
- Maximize public health benefits

Actively promote program utilization

1. Send unsolicited reports to end users.
   -- e.g., prescribers, pharmacies, and law enforcement officials

1. Select parameters to flag questionable prescribing or dispensing activities.

1. Identify and reach out to potential high-impact users.

1. Clarify expectations for prescribers regarding medical record documentation.

Actively promote program utilization

1. **Send unsolicited reports to end users.**

1. Select parameters to flag questionable prescribing or dispensing activities.

2. Identify and reach out to potential high-impact users.

3. Clarify expectations for prescribers regarding medical record documentation.

Unsolicited reports

- **Reporting to prescribers or dispensers**
  - High # prescribers: Arizona, Massachusetts
  - Co-prescription of opioid with buprenorphine (used for treating opioid dependence): Maine
- **Reporting to law enforcement**
  - North Carolina, Kansas, Wyoming: patients suspected of "doctor shopping"
  - Kentucky, Tennessee: reports on providers to law enforcement
- **Reporting to licensing boards**
  - Questionable prescribing: very high doses, dangerous combinations of prescriptions, prescribing for many out-of-state patients
  - Questionable dispensing: filling duplicate or excessive prescriptions, filling obviously forged prescriptions
- **User-initiated unsolicited reports**
  - Indiana PDMP users can send alerts to other prescribers or dispensers who are treating the same patient

Actively promote program utilization

1. Send unsolicited reports to end users.

1. **Set criteria to flag questionable prescribing or dispensing activities.**

2. Identify and reach out to potential high-impact users.

1. Clarify expectations for prescribers regarding medical record documentation.
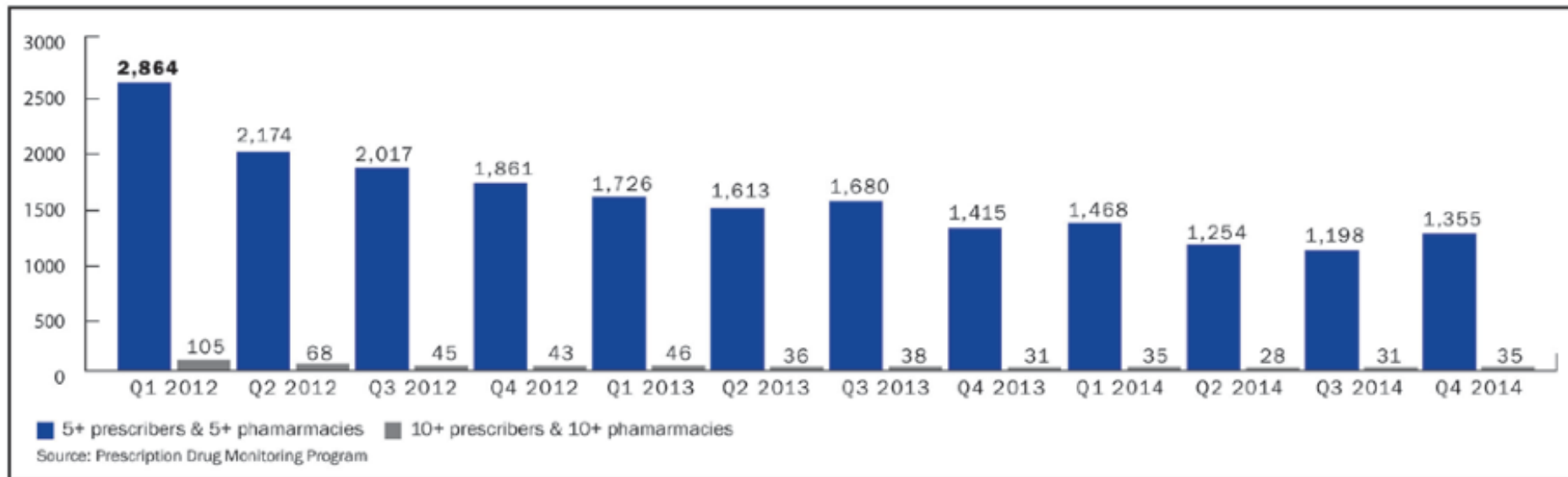
Defining "questionable activity"

Figure 7. Number of individuals obtaining controlled substance prescriptions in schedules II-IV from 5 (10) or more prescribers and 5 (10) or more dispensers within a 90-day period

Defining "questionable activity"

The Bureau of Justice Assistance requests that grantees report the number of patients who meet "5x5x3" criteria:

- Patients who fill prescriptions from 5 or more prescribers
- At 5 or more pharmacies
- Within 3 months

Actively promote program utilization

1. Send unsolicited reports to end users.

1. Set criteria to flag questionable prescribing or dispensing activities.

1. **Identify and reach out to potential high-impact users.**
   - **Utah reached out to highest-volume prescribers; PDMP use grew rapidly among this group**
   - **Massachusetts contacted prescribers with high numbers of suspected doctor-shoppers**

2. Clarify expectations for prescribers regarding medical record documentation.

Actively promote program utilization

1. Send unsolicited reports to end users.

1. Set criteria to flag questionable prescribing or dispensing activities.

2. Identify and reach out to potential high-impact users.

1. **Clarify expectations for prescribers regarding medical record documentation.**

Clarify documentation requirements

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program (Abc-Map) Act

§ 872.8. Requirements for prescribers

<Section effective June 30, 2015.>

(a) System query.--A prescriber shall query the system:

(1) for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record; or

(2) if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs.

(b) Medical record entries.--A prescriber shall indicate the information obtained from the system in the patient's medical record if:

(1) the individual is a new patient; or

(2) the prescriber determines a drug should not be prescribed or furnished to a patient based upon the information from the system.

Best Practice Recommendations

- Actively promote program utilization
- **Invest in software/electronic infrastructure**
- Maximize public health benefits

Invest in software/electronic infrastructure

5. **Develop automated systems to generate reports (both for end users and for program administrators).**
   - **Massachusetts & Oklahoma use off-the-shelf software**
   - **Maine: cost of automated reporting built into vendor contract, not charged on a per-report basis**
   - **May be less labor-intensive than sending paper/fax reports**

5. Integrate ABC-MAP reports with hospital electronic health records and pharmacy dispensing systems.

6. Adopt current reporting standards of the American Society for Automation in Pharmacy (ASAP).

Invest in software/electronic infrastructure

5. Develop automated systems to generate reports (both for end users and for program administrators).

5. **Integrate ABC-MAP reports with hospital electronic health records and pharmacy dispensing systems.**
    - **Kansas, Indiana, Ohio: PDMP data automatically delivered to hospital electronic health records**

6. Adopt current reporting standards of the American Society for Automation in Pharmacy (ASAP).

Invest in software/electronic infrastructure

5. Develop automated systems to generate reports (both for end users and for program administrators).

5. Integrate ABC-MAP reports with hospital electronic health records and pharmacy dispensing systems.

6. **Adopt current reporting standards of the American Society for Automation in Pharmacy (ASAP).**
   - **Standardized data fields allow for easier data sharing/transfer.**

Best Practice Recommendations

- Actively promote program utilization
- Invest in software/electronic infrastructure
- **Maximize public health benefits**

Maximize public health benefits

8. **Collect data on certain non-scheduled drugs that are implicated in abuse.**
   - **E.g., pseudoephdrine**

9. Conduct public health analysis on drug prescription patterns for early warning and prevention purposes.

8. Establish a protocol for release of data for research.

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Maximize public health benefits

8. Collect data on non-scheduled drugs that are implicated in abuse.

8. **Conduct public health analysis on drug prescription patterns for early warning and prevention purposes.**
   - **South Carolina: opioid use among young adults in two counties**
   - **Georgia: other states' PDMPs identified GA "pill mills"**
   - **Identifying counties with high "questionable activity" may allow interventions in local communities before deaths increase**

8. Establish a protocol for release of de-identified data for research purposes.

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Maximize public health benefits

8. Collect data on non-scheduled drugs that are implicated in abuse.

8. Conduct public health analysis on drug prescription patterns for early warning and prevention purposes.

8. **Establish a protocol for release of de-identified data for research purposes.**

Data Sources

Research articles & abstracts

- Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. Drug poisoning deaths in the United States, 1980–2008. National Center for Health Statistics. Data brief, no 81. Hyattsville, MD: National Center for Health Statistics. November 2011.

- "Characteristics of State Prescription Drug Monitoring Programs." Unpublished research by Travis Manasco, MD. Department of Emergency Medicine, Boston Medical Center, Boston MA. Presented at the Annual Meeting of the Society for Academic Emergency Medicine, San Diego, CA. May 13, 2015. Used with permission.

White papers & advocacy organizations

◆ **PDMP Center of Excellence, Brandeis University**

- "Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices." Clark et al., September 2012.
  - Available at http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf
- "Guidance on PDMP Best Practices: Options for Unsolicited Reporting." January 2014.
  - Available at http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_COE_Guidance_on_Unsolicited_Reporting_final.pdf

◆ **National Alliance for State Model Drug Laws**

- Extensive library of PDMP resources at http://www.namsdl.org/prescription-monitoring-programs.cfm.

Federal & state agencies

- ◆ **Centers for Disease Control and Prevention**
  - Mortality & Morbidity Weekly Report. "Decline in drug overdose deaths after state policy changes - Florida, 2010-2012." 2014, 63(26) 569-74.
  - Mortality & Morbidity Weekly Report. "CDC Grand Rounds: Prescription Drug Overdoses — a U.S. Epidemic." 2012, 61(1)10-13.
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- ◆ **Virginia Department of Health Professions**
  - "Virginia Prescription Monitoring Program Statistics through Year End 2013." Available at https://www.dhp.virginia.gov/dhp_programs/pmp/docs/ProgramStats/2013PMP StatsFinal.pdf
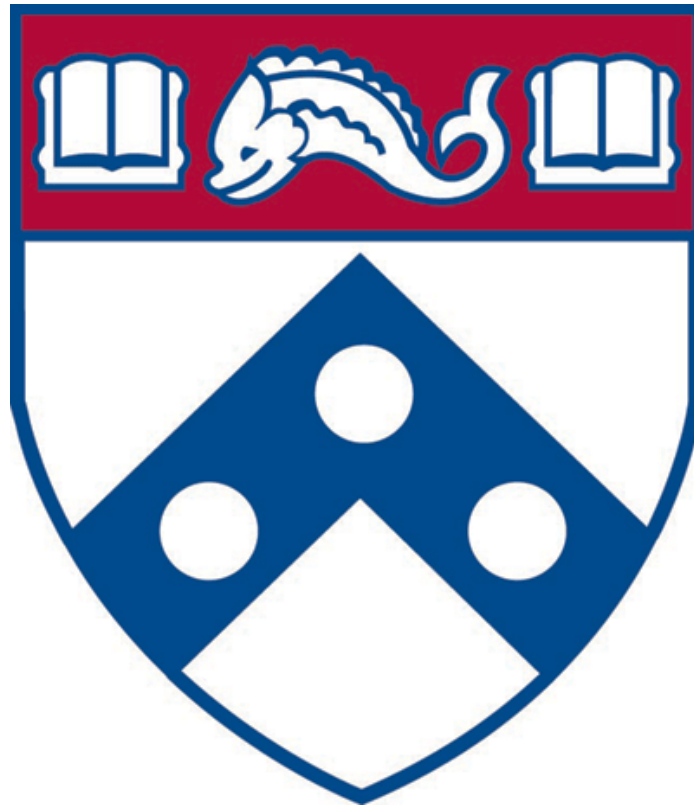
- ◆ **Iowa Board of Pharmacy**
  - "Prescription Monitoring Program Annual Report to the Governor and Iowa Legislature, 2014." Available at http://www.state.ia.us/ibpe/pdf/pmp_rpt_gov_2014.pdf

- ◆ **Florida Department of Health**
  - "2013-2014 Prescription Drug Monitoring Program Annual Report." Available at http://www.floridahealth.gov/%5C/statistics-and-data/e-forcse/news-reports/2014PDMPAnnualReportFinal.pdf.

Questions & Discussion

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DOH